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ABSTRACT

This guide is designed to assist parents of children with attention deficit hyperactivity disorder (ADHD). It begins by explaining the neurological basis for ADHD and provides the diagnostic criteria for ADHD. Conditions that may occur with ADHD are listed and the importance of nutrition is stressed. The following section focuses on special education services and provides information on student evaluation and eligibility for services under the Individuals with Disabilities Education Act. Eligibility under Section 504 of the Rehabilitation Act is also reviewed. Components of the Individualized Education Program (IEP) are explained, along with examples of good IEP goals and objectives. The guide addresses medications that a child with ADHD may take and some common side effects. The following sections of the guide discuss parental responsibility, functional behavioral assessments, intervention-based assessments, and sample interventions that can be used by teachers and can be written into the IEP or Section 504 plan. Sample letters are given for requesting an initial evaluation, requesting an independent educational evaluation, letting the school know you are not choosing from their list of independent evaluators, requesting prior written notice, and requesting a functional behavioral assessment. (Contains 18 references.) (CR)

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HOW TO COPE WITH THE FRUSTRATIONS OF HAVING A CHILD WITH AD/HD

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The Ohio Coalition for the Education of Children with Disabilities (OCECD) is a statewide, nonprofit organization that serves families of infants, toddlers, children and youth with disabilities in Ohio, and agencies who provide services to them. OCECD works through the coalition efforts of the 58 disability organizations which comprise the Coalition.

Established in 1972 and staffed primarily by parents of children and adults with disabilities, persons with disabilities, and education professionals, the Coalition mission is to ensure that every Ohio child with special needs receives a free, appropriate, public education in the least restrictive environment to enable that child to reach his/her highest potential. Throughout Ohio, the Coalition's services reach families of children and youth with all disabilities.

OCECD's programs help parents become informed and effective representatives for their children in all educational settings. In addition, youth are assisted to become their own self-advocates. Through knowledge about laws, resources, rights and responsibilities, families are better able to work with agencies to ensure that appropriate services are received for the benefit of their sons and daughters.

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COALITION PROGRAMS FOR PARENTS AND SCHOOLS

F.U.N. – (Families Understanding Needs) The training is led by professionals in a very inter-active and hands on approach. The newest techniques of brain based learning and the intelligences are incorporated into the trainings. The atmosphere is relaxed and small group opportunities are provided throughout the presentation. The FUN training consists of nine modules, each designed to meet the diverse needs of individual families.

Parent Involvement in Education Project – Supports local level efforts to connect families to appropriate services for their children with special needs, ages 5 – 21. Provides individual parent assistance as well as workshops on the IEP process, Section 504, IDEA '97, specific disabilities, classroom modifications, and other topics.

Technical assistance to **parent mentor projects** of the Ohio Department of Education is provided through statewide meetings, retreats, site visits and telephone consultations.

Parent Training and Information Center Project – Disseminates information to at least 500,000 parents, professionals, and members of the public regarding disability issues. Publishes the FORUM newsletter with subscriber support. Trains parent leaders from diverse parent organizations across the state to support families and to provide personal assistance.

It's My Turn – Curriculum which promotes increased capacity of youth with disabilities to make choices and to advocate for themselves. Students gain the competencies to learn, work, live, and recreate in the community.

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ABOUT AD/HD

The term Attention Deficit/Hyperactive Disorder (AD/HD) is misunderstood in many ways. It's not that students who have AD/HD can't pay attention, it is that they pay attention to everything. Such things might be what the teacher is wearing, what is on the wall behind the teacher, what the person sitting behind them is doing, the noise that is coming from the student two rows over, or the janitor mowing the school yard. When so much energy is being focused on what is going on around them it is impossible to focus on the lesson being taught. These students want more than anything to be able to focus on what is being said. They repeatedly state "I really try to be good." "I don't know why I act like I do." How many times as parents do we hear these statements? AD/HD is a neurological-based disorder that should show up early in life. Neurological means the way the child is made, their genetic makeup. It affects 3-5% of all school age children, so in a classroom of 26 there will be at least one child with AD/HD. In this packet we are going to look at many issues for a student with AD/HD.

Many parents who start researching AD/HD find that many of the symptoms sound like symptoms they have themselves. Specialists agree that at least 30% to 40% of children diagnosed with AD/HD have relatives with AD/HD. This does not mean that all the children in the family will have AD/HD. On the average there is only one child who has AD/HD within the family unit.

The history of AD/HD starts as far back as the 1880's. There was a character in stories written by a German family doctor for his children called "Fidgety Phil." In 1940 there was an outbreak of encephalitis. The brain damage done by the encephalitis caused symptoms similar to those of hyperactive children. Because of this, children who had hyperactivity were thought to have brain damage. In the 1960's, doctors decided that hyperactive children were not brain damaged but had Minimal Brain Dysfunction (MBD). Then in 1965, the American Psychiatric Association established a diagnostic category called "Hyperkinetic Reaction of Childhood." At this time it was believed that AD/HD was not a biological problem but an environmental one. Between the years of 1965-1980 (I as a mother knew this one was coming) there was little information on accurate diagnosis. Mothers were blamed for the problem their children were having. It was poor parenting skills. (Where have we heard that before?) Then in 1980, The American Psychiatric Association

developed the diagnostic category of "Attention Deficit Disorder With and Without Hyperactivity."

In 1987, the name changed to "Attention Deficit Hyperactivity Disorder" (ADHD) and "Undifferentiated Attention Deficit Disorder." Today the American Psychiatric Association has done another name change to "Attention Deficit Hyperactivity Disorder (AD/HD) with or without Hyperactivity. As you can see by this brief history, AD/HD did not just come about overnight.

Unfortunately, there are teachers that truly do not believe there is such a thing as AD/HD. We as parents will run into at least one of these teachers during the course of our child's school career. Our job as a parent is to help educate the school system. The fact that you are reading this publication shows you have what it takes to do this. The DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders, fourth edition Text revision) states there is a disorder of AD/HD. (see next page) This is all the evidence you need to validate that there is such a disorder. AD/HD is not the result of poor parenting, food allergies, or excess sugar.

Schools and parents have to work together for a child with AD/HD to receive an education.

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDER FOURTH EDITION TEXT REVISION (DSM-IV-TR)

Diagnostic Criteria for Attention-Deficit/Hyperactivity Disorder

A. either (1) or (2)

(1) six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

Inattention

(a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
(b) often has difficulty sustaining attention in tasks or play activities
(c) often does not seem to listen when spoken to directly
(d) often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to Oppositional Behavior or failure to understand instructions)
(e) often has difficulty organizing tasks and activities
(f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
(g) often loses things necessary for tasks or activities (e.g., toys, school assignment, pencils, books, or tools)
(h) is often easily distracted by extraneous stimuli
(i) is often forgetful in daily activities

(2) six (or more) of the following symptoms of ***hyperactivity-impulsivity*** *have persisted for a least 6 months to a degree that is maladaptive and inconsistent with developmental level:*

Hyperactivity

(a) often fidgets with hands or feet or squirms in seat
(b) often leaves seat in classroom or in other situations in which remaining seated is expected
(c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)

(d) often has difficulty playing or engaging in leisure activities quietly
(e) is often "on the go" or often acts as if "driven by a motor"
(f) often talks excessively

Impulsivity
(g) often blurts out answers before questions have been completed
(h) often has difficulty awaiting turn
(i) often interrupts or intrudes on others (e.g., butts into conversations or games)

B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.

C. Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and at home).

D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.

E. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

Code based on type:

***314.01 Attention-Deficit/Hyperactivity Disorder, combined type:** if both criteria A1 and A2 are met for the past 6 months*
***314.00 Attention-Deficit/Hyperactivity Disorder, Predominately Inattentive type:** if Criterion A1 is met but Criterion A2 is not met for the past 6 months*
***314.01 Attention-Deficit/Hyperactivity Disorder, Predominately Hyperactive-Impulsive Type:** if Criterion A2 is met but Criterion A1 is not met for the past 6 months*

***Coding note:** for individuals (especially adolescents and adults) who currently have symptoms that no longer meet full criteria, "In Partial Remission" should be specified.*

As a parent we are the experts where our children are concerned. It is our job to ensure the best learning environment as possible.

There are many forms of AD/HD and they are as diverse as the students themselves. We will be looking at many of the accommodations that can easily be done by any regular education teacher. There has been research done about children with AD/HD over many years. One of the areas of research has been in the area of brain-based research.

Brain-based research reinforces the idea that children need to move to be able to focus on what is going on and being said in a classroom. The worst thing a teacher can do to a child with AD/HD is to expect them to sit still. Through research it is known that even children ***without*** AD/HD have to be able to move every 5 to 7 minutes to stay focused. Research also shows that all children learn when they can move. So much for the theory that keeping students in from recess, as a consequence, will help them learn to stay focused.

Children with AD/HD need to understand why they have to learn what is being taught. Researchers call this the "What is in it for me" mentality. What does the lesson have to do with everyday life and how can the student use it! The advantage to teaching this way is the student can apply what they are learning to life. Research shows that the act of processing and applying what you learn is the best way for a student to put their knowledge into long-term memory.

Parents, we have a big responsibility in making sure we do all we can to help our children be successful. Rest is an absolute must for students with AD/HD. When a student receives information during the day it is stored in short-term memory. During the night when the student goes into the REM (Rapid Eye Movement) stage of sleep the information stored in short-term memory will then transfer over to long-term memory. Unfortunately, teenagers have a hard time going to sleep at night. This is not a myth. They really do have trouble sleeping. It is because of all the changes going on in their bodies. So when your teenager says they can't go to sleep they aren't just being a pain in the neck. Do the best you can by giving your teenager downtime. Try to make sure their school schedule does not have their hardest courses scheduled in the morning.

There are many conditions that may occur with AD/HD.

- Additional behavioral disorders
- Anxiety and depression
- Multiple tic disorder called Tourette Syndrome
- Bed wetting and pants wetting/soiling
- Developmental delays in other areas, such as motor coordination
- Speech and language disorders
- Allergy, sleep disturbances, and night terrors
- Hearing loss resulting from earlier ear infections

NUTRITION IS IMPORTANT

Nutrition is another area where we as parents can be a support. Try to make sure your student is getting good nutritional things to eat. When students are teenagers this is very hard. But, we can do the next best thing by giving them a multi-vitamin. There is evidence that proves students taking a multi-vitamin daily do better academically.

Water is also a key element in learning. Students must have access to water throughout the day, not just at lunch. Notice I said WATER, not Mountain Dew, Coke, Pepsi, or fruit drink. The brain needs water for the brain cells to connect with each other. Students should drink water throughout the day.

IN THE CLASSROOM

A student must be able to feel safe in the classroom. If students are worrying about sitting still and keeping their hands to themselves, fearing the teacher will yell at them, it is not a safe learning environment. In fact, the student is so focused on not moving they will not be able to focus on anything being taught. Students need to feel safe when answering a question in the classroom. They must not be afraid of being made fun of or being yelled at for giving the wrong answer. In fact, research shows that just the processing of answering the question is more beneficial for learning than getting the answer right. The effort the student puts into processing an answer will help the student understand what they are trying to learn. The reason this is more important is that processing information puts more information into their memory than just memorizing facts.

COULD A LEARNING DISABILITY ALSO BE AFFECTING MY CHILD?

The research has shown that 40% to 60% of students with AD/HD also have a learning disability. In states where learning disabilities are identified with a discrepancy formula, children with AD/HD who also have a learning disability may be undiagnosed. The formula seems complicated to understand, but it really isn't. The child's performance scores on psychological tests are subtracted from the child's full scale I.Q. score and if there is a large enough discrepancy the child will qualify for special education services. The disadvantage to this formula is children do most of their early learning by doing and modeling what they see. So, there is usually not a large discrepancy between their I.Q. and their performance in young children. As children get older they learn more from reading and writing. Children with learning disabilities will fall behind the rest of the students. The disadvantage of using a discrepancy formula is a student has to be in the fourth or fifth grade before they can be identified. Basically, the child has to fail for 3 or 4 years before he/she can get help. As we go through the research data it reinforces the need for early intervention. Children with AD/HD that are not identified early may also develop oppositional defiant disorder (ODD), anxiety disorder, and depression disorders. These unfortunate students suffer three or four years of failure before the discrepancy between IQ and ability are far enough apart for a student to qualify for services under the specific learning disabilities (SLD) category in Special Education.

100 I.Q.
− 70 test score
30 points

ONE DISCREPANCY EQUALS 15 POINTS. If a child had an I.Q. of 100 and scored 70 or lower on his academic test, there would be a difference of at least 30. Every 15 points is a discrepancy.

30 divided by 15
= 2 discrepancy points

A LETTER REQUESTING AN INITIAL EVALUATION SHOULD BE DONE IN WRITING AND SENT CERTIFIED MAIL!

Date your write you letter (include Month, Day, Year)

Your Name
Your Full Address

Full Name of Person to whom you are writing **(the Principal or the Special Education Director)**
Person's title **(Principal, Special Education Director)**
Name of School
Full Address of School

Dear (Use their title **[Dr; Mr; Mrs; Ms.] and last name**):

I am the parent of **(your child's name),** who is in the _____ grade at (name of school). I am writing to request that **(your child's name)** be evaluated with a complete Multifactored Evaluation as defined in the Individuals with Disabilities Education Act (IDEA) to determine if **he/she** has a disability in the area of Specific Learning Disabilities or Other Health Impaired. I suspect **(your child's name)** has a disability and is eligible for Special Education services or a Section 504 plan under the Rehabilitation Act of 1973. I have been concerned that he/she is not doing very well in school and that he/she may need extra help in order to learn.

Specifically, I am concerned the **(Briefly state what your concerns are – Examples: failing grades; problems with friends at school; you feel it is taking a very long time for your child to complete homework; coming home very upset, etc.)**

Please consider my signature on this letter my written permission to test my child.

Thank you for your attention to my request. I may be reached at **(your daytime phone number).** I will expect to hear from you by **(give a date – example: the end of this week; within 5 school days of receipt of this letter, etc).**

Sincerely yours,

Your Full Name
Address

If your child is young, he/she may not qualify for a learning disability but you will get a complete evaluation of his/her present level of performance in all academic areas. Then, as part of the Multifactored Evaluation (MFE) team, you can suggest that even though your child does not have the necessary discrepancy to qualify for a learning disability, your child can very well qualify for services in the area of Other Health Impaired because of their diagnosis of AD/HD. The MFE team (of which you are an equal partner) must look at severity of the AD/HD.

§300.7 (9) Other Health Impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, - (i) is due to chronic or acute health problems such as asthma, attention deficit disorder or attention hyperactivity disorder, diabetes, epilepsy, a hearing condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia: and (ii) adversely affects a child's educational performance

IDEA (Individuals with Disabilities Education Act) states the team must look at how the AD/HD is affecting the child's progress in the general education curriculum. Does this child need special accommodations in order to receive the information the rest of the classroom is receiving? This might be so:

- If your child cannot sit still long enough to get the information the teacher is giving, or

- If your child is being sent out of the learning environment because he/she cannot stay on task and is disruptive or,

- If your child's impulsiveness is having an effect on his/her learning?

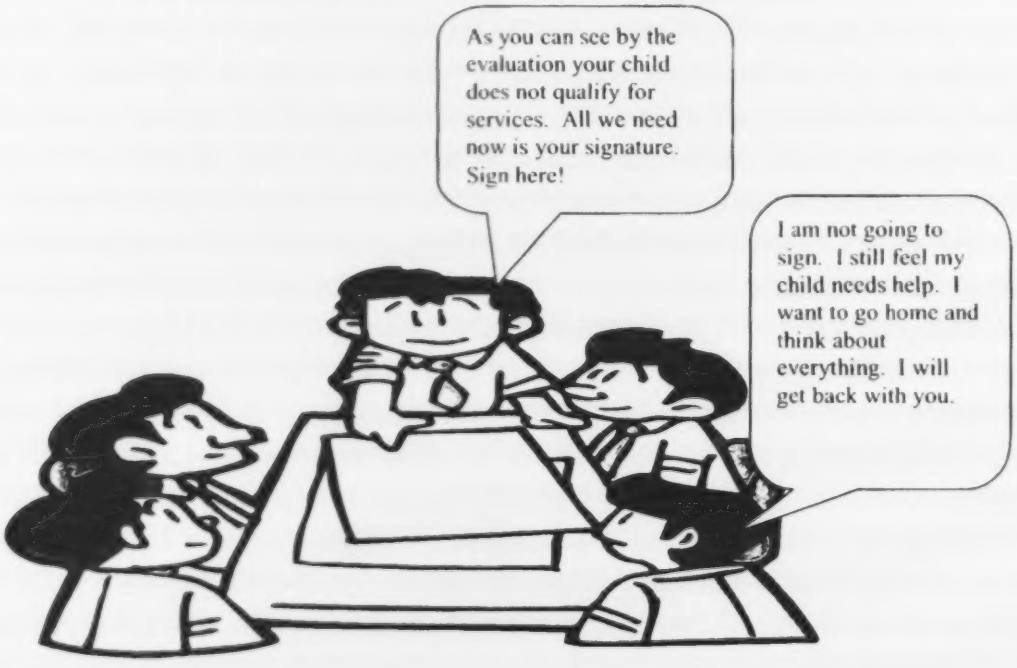
- If your child's disorganization results in disciplinary actions which take your child out of the learning environment, or

- Does your child have a learning disability even though your child does not have the needed discrepancy to qualify with learning disabilities. Is there a possibility the learning disability will show up after this child gets older?

THE MULTIFACTORED EVALUATION-THEN WHAT?

If the MFE team looks at these areas and you believe that one or more of these conditions is interfering with your child's learning, the team then should consider the label of Other Health Impaired (OHI).

If your child does not meet the criteria to qualify for OHI or SLD under IDEA (Individuals with Disability Education Act) and you still feel your child needs help, you as a parent have a right to an Independent Educational Evaluation (IEE) at your school districts expense. If you do not agree with the evaluation the school district has done for your child, ***DON'T SIGN THE MFE.*** If you sign the MFE this means you agree with the school system that your child does not need any accommodations or help. A parent requesting an IEE should do so in writing. Your letter should state that you do not agree with the schools evaluation and that you would like to have an independent evaluator assess your child.


As you can see by the evaluation your child does not qualify for services. All we need now is your signature. Sign here!
I am not going to sign. I still feel my child needs help. I want to go home and think about everything. I will get back with you.

LETTER REQUESTING AN INDEPENDENT EDUCATIONAL EVALUATION-SEND THIS LETTER CERTIFIED MAIL

Date you write your letter (include Month, Day and Year)

Your Name
Your Full Address

Full Name of Person to whom you are writing (Principal or Special Education Director)
Person's Title (Principal, Special Education Director)
Name of School
Full Address of School

Dear (use their title [Dr.; Mr.; Mrs.; Ms.] and last name):

My son/daughter, (your child's name), who is currently attending (name of school, grade, teacher), was evaluated for special education services with a Multifactored Evaluation (give Month and Year of this evaluation). I am writing to inform you that I do not agree with the testing results.

I am requesting an Independent Educational Evaluation at the school's expense, for the following reasons: (state briefly and specifically what it is you disagree with or feel was not appropriate).

I would like this Independent Educational Evaluation to be done as soon as possible. It is my understanding that IDEA requires that I be provided with a list of independent evaluators and the criteria by which the independent evaluation must be done.

Thank you for your attention to my request. I may be reached at (your daytime phone number). I will expect to hear from you within 5 school days.

Sincerely yours,

Your Full Name
Address

Once the school has received your letter, the school system must do one of two things:

1. Send you a list of independent evaluators and the criteria by which the evaluation is to be done. (IF YOU DO NOT WANT TO CHOOSE FROM THIS LIST YOU MUST WRITE A LETTER [example on the following page].) If you are working with a private psychologist you can use your private psychologist or any other psychologist. It could be a psychologist at a hospital or someone recommended to you. You MUST have the independent psychologist follow the same criteria that the school outlined in the letter, i.e. intelligence test, academic testing, physical, etc.

2. Or file due process claiming that the school's evaluation is correct and, that they do not want to pay for the independent evaluation.

School districts know that because of the inconsistency of children with AD/HD the student may test well on one day and poorly on another. The only consistent thing about children with AD/HD is that they are inconsistent. Chances of the test coming out the same are rare, but it does happen. If the school district files due process on you, the worst thing that will happen is you will have to pay for the IEE. This usually only happens in a case where the independent evaluation comes out exactly like the school system's, which rarely happens.

Once the IEE is done the school MUST consider what the IEE says and recommends. If there still is a disagreement about wether your child should receive services or not you should request Prior Written Notice from the school system. Prior Written Notice means that you do not agree with the school system and therefore they MUST:

- Explain their reason for refusal to provide services
- List other options they offered you
- Provide data they have to support their decision

A LETTER LETTING THE SCHOOL SYSTEM KNOW YOU ARE NOT CHOOSING FROM THEIR LIST OF INDEPENDENT EVALUATORS SHOULD BE SENT CERTIFIED MAIL

Date you write your letter (include Month, Day, Year)

Your Name
Your Full Address

Full Name of Person to whom you are writing (Principal or the Special Education Director)
Person's title (Principal, Special Education Director)
Name of School
Full Address of School

Dear (use their title [Dr.; Mr.; Ms.;] and last name):

I am the parent of (your Child's name), who is in the ___ grade at (name of school). I have received your list of independent evaluators and the criteria they are to use to do the independent evaluation. I would like to thank you for your promptness in getting this information back to me.

I am writing this letter to inform you that I have chosen not to use any of the psychologists from this list. I have chosen (write the full name, address, and phone number of the psychologist you have chosen). I have given him/her the criteria you provided that must be followed when administering the evaluation.

It is my understanding that if you disagree with my choice of evaluators you must file due process to defend the validity of your psychological evaluation. If for any reason you object to my choice of independent evaluators, please contact me within three school days of the date you received this letter. Please tell me, in writing, the reason you disagree with my choice of evaluators and the data supporting your decision.

Thank you for your time regarding this matter. I look forward to hearing from you within three school days. If I do not hear from you, I will consider this your agreement to the independent evaluation and your responsibility for the cost of the evaluation.

Sincerely,

Your Full Name
Your Full Address

LETTER REQUESTING PRIOR WRITTEN NOTICE-THIS LETTER SHOULD BE SENT CERTIFIED MAIL

Date you write your letter (Include month, day and year

Your Name
Your Full Address

Full Name of Person to whom you are writing (Principal or Special Education Director)
Person's Title (Principal, Special Education Director)
Name of School
Full Address of School

Dear (use their title [Dr.; Mr.; Mrs.; Ms.] and last name):

My Son/daughter, (your child's name), who is currently attending (name of school, grade) is a child with a disability. During our last (name the meeting, example: IEP, MFE, etc.) on (date) there was a disagreement in regards to (outline the areas of disagreement, example: services, placement, assistive technology, etc.). Under the Individuals with Disabilities Education Act (IDEA) I am entitled to prior written notice.

It is my understanding you must provide, in writing to me, your proposed or refused action to include:

1. why the action is proposed or refused
2. Options considered and rejected
3. All records and data used by the school district in reaching your decision
4. Any other factors relevant to your proposal or refusal

It is also my understanding you must provide me with my procedural safeguards, and whom I can contact about understanding my rights.

I will look forward to hearing from you in writing within 5 school days.

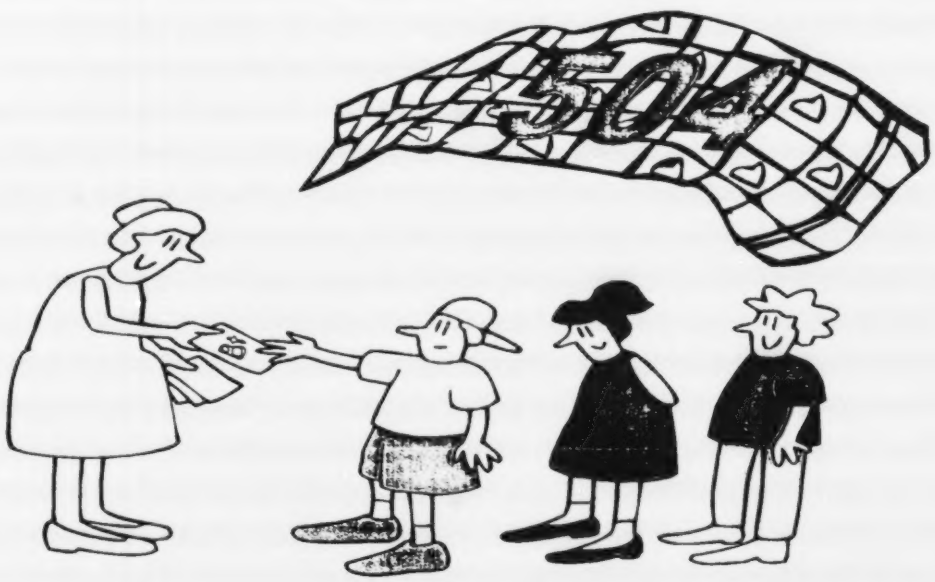
Sincerely

Your Full Name
Your Full Address
Your Phone Number

504

If your child does not qualify under IDEA, there is another law that allows your child to receive services. This is a civil rights law known as The Rehabilitation Act of 1973, Section 504. This law states that a child with a disability that adversely affects their learning, is entitled to an appropriate education. Many children who do not qualify under IDEA will qualify under Section 504. The luxury of this law is that it's broad and general and covers more children. The disadvantage of this law is that it is broad and general. Unlike IDEA it does not have specific details that state how to provide services and what criteria to use under the 504 plan. *If you are interested in more information on 504 plans call 1-800-374-2806 for a copy of OCECD's publication "Section 504".

If your school refuses to consider a Section 504 ask them to provide you with your due process rights under 504. Your school system is required to have a 504 coordinator and to have 504 due process and complaint procedures on file within the school. If your school tells you they don't do Section 504's in your school district or they have never heard of them contact the Office of Civil Rights (OCR), telephone # 216-522-4970.



INDIVIDUAL EDUCATIONAL PROGRAM (IEP)

If your child qualifies for special education under IDEA, you will be part of the IEP (Individual Educational Program) team. The parent is an equal partner in the IEP process.

What kind of services does the student need to progress in the general education curriculum? Since your child has been evaluated for both other health impaired (OHI) and Specific learning disability (SLD) you will have good present levels of performance in all academic areas. Use the multi-factored evaluation (MFE) to write the present levels of performance. Present levels of performance should also include behavior issues.

Disorganization is considered a behavior. If your child does not bring in his homework or forgets to bring materials to class they will receive some form of disciplinary action. Their present levels of performance must be specific.

BAD PRESENT LEVEL

> John is disorganized.

GOOD PRESENT LEVEL OF PERFORMANCE

> John forgets to bring his book to class 2 days out of 5 days, Monday being the consistent day.

Once the IEP team has good present levels of performance, the team needs to develop a goal for the next school year (An average school year is 180 days.) Under IDEA the law mandates that goals have to be measurable not broad and general. The reason for this is so the IEP team will know if the student is progressing or not. Progress reports should be going home every grading period addressing whether the student is progressing on his/her goals or not. If the student is not progressing an IEP meeting should be called. (If you are interested in how to write an IEP call 1-800-374-2806 and ask for How To Write An IEP)

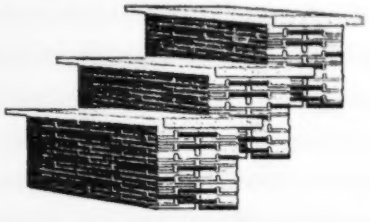
BAD IEP GOAL (not measurable)

> John will improve his organization skills.

GOOD IEP GOAL

By the end of the school year John will bring his materials to class 9 times out of a 2-week school period.

Once we have a good goal the IEP team needs to address two other issues. What kinds of support and services are needed, and what do we need to provide to help the student accomplish his goal by the end of the school year? IDEA not only states goals have to be measurable, but it also mandates objectives leading to the goal have to be measurable. They are small stair steps leading toward the annual goal.



BAD OBJECTIVES

1. John will follow all school rules.
2. John will be responsible for his own materials.
3. John will act age appropriate.

The problem with these objectives is that they are not stair steps toward the goal. They do not tell what he will be taught and how he will be supported to achieve these objectives. The best way to write an objective is to ask; how are we going to teach John, and what supports do we need to help him accomplish the objective?

1st Objective

John will be able to bring his materials to class 4 out of 5 days a week with parent support in packing his book bag at home. On the days when he forgets the teacher will provide classroom materials to John. The teacher will check the book bag before he goes home to make sure that all the books needed to complete his homework are there.

2nd Objective

John will be able to bring his classroom materials to class 7 out of 10 school days with mom assisting in packing his book bag in the evening. The teacher will assist John with preparing his book bag with verbal prompts, and reinforcing with a rewards system.

3rd Objective

John will be able to get his classroom materials to class 9 out of 10 school days with mom helping him pack his book bag with verbal prompts. The teacher will provide John with a reward system when John brings his materials to class.

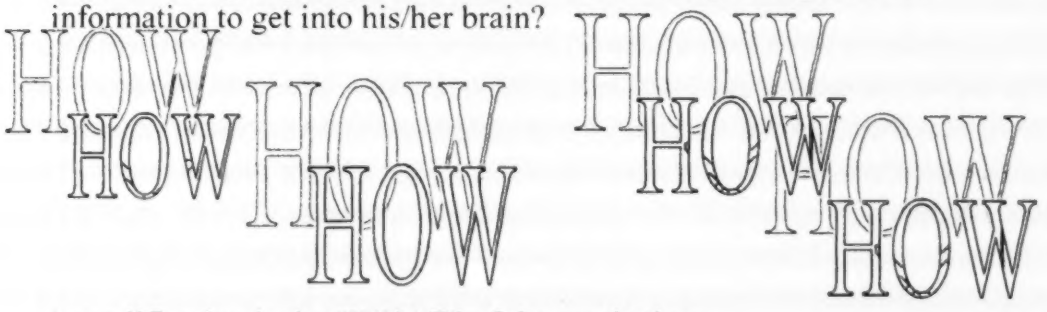
Notice the objectives start out giving a lot of support to John. When John starts developing his skills the parent and teacher slowly start pulling away services until he can independently achieve his goal.

The key to remember is that a student with AD/HD is not going to learn organizational skills overnight. Students with AD/HD do not go to sleep at the end of their elementary school career and wake up the next morning beginning their middle school career being organized. It takes a lot of time and effort on both the parents' and the school system's part to work together toward the same goal.

Let's look at some of the services and supports that can be written into an IEP. As the IEP team looks at the present levels of performance they must determine if this student is going to need an accommodation or a modification?

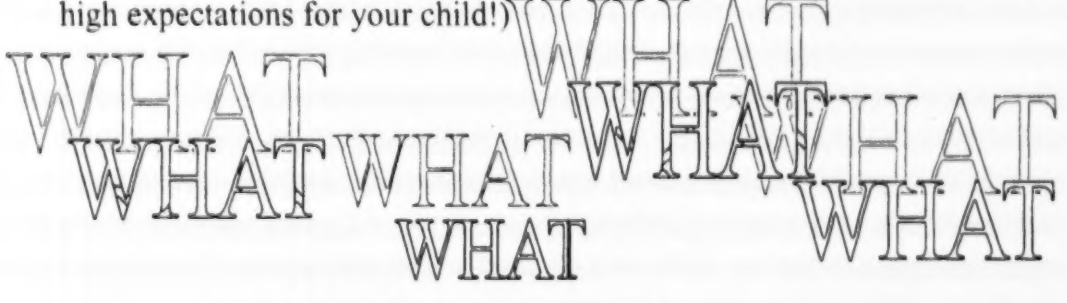
An accommodation is the "HOW" of the curriculum.

-How are we going to get the student to focus long enough for the information to get into his/her brain?



A modification is the "WHAT" of the curriculum.

-What part of this curriculum does this student need to become as independent as possible in his/her adult life. (Always remember to have high expectations for your child!)



MEDICATIONS

Many children with AD/HD are put on medication and for some children these medications seem to help. However, parents must research and talk with their child's doctor openly about the benefits and side effects these medications produce. The school system ***cannot*** make a parent place their child on medication if they feel strongly against using it. The school system ***cannot*** refuse to serve a child until the parent puts the child on medication. REMEMBER THIS IS NOT A FIX, YOUR CHILD IS NOT BROKEN.

Medication is one of the most commonly used interventions for children with AD/HD. The reason usually is because it is easy and has quick results. Parents and schools see improvement most generally within 2 weeks and in some cases just a few days.

These drugs stimulate the area of the brain that runs the nervous system where attention and impulses are regulated. Professionals believe that these drugs called ***Psychostimulants*** are helpful for at least 70% to 80% of the children who use them. When these medications work, children have more control over impulsiveness and aggressive behaviors. Their attention span in school is increased and they show improvements in the quality and quantity of schoolwork. One of the most improved areas is with peer relations and family members.

The most commonly used medications for AD/HD are:

- Adderall – mixed salts of a single-entity amphetamine product (dextroamphetamine saccharate, destroamphetamine sulfate, amphetamine aspartate, and amphetamine sulfate).
- DextroStat; Dexedrine – dextroamphetamine
- Ritalin – methylphenidate (this is the most commonly used drug)
- Cylert – pemoline (now considered a second line drug because of certain side effects).

All drugs are different and affect children with AD/HD differently. Even though medication seems like a magic fix, there are side effects parents need to know about. ASK YOUR DOCTOR!

Some of the most common side effects for these drugs are:

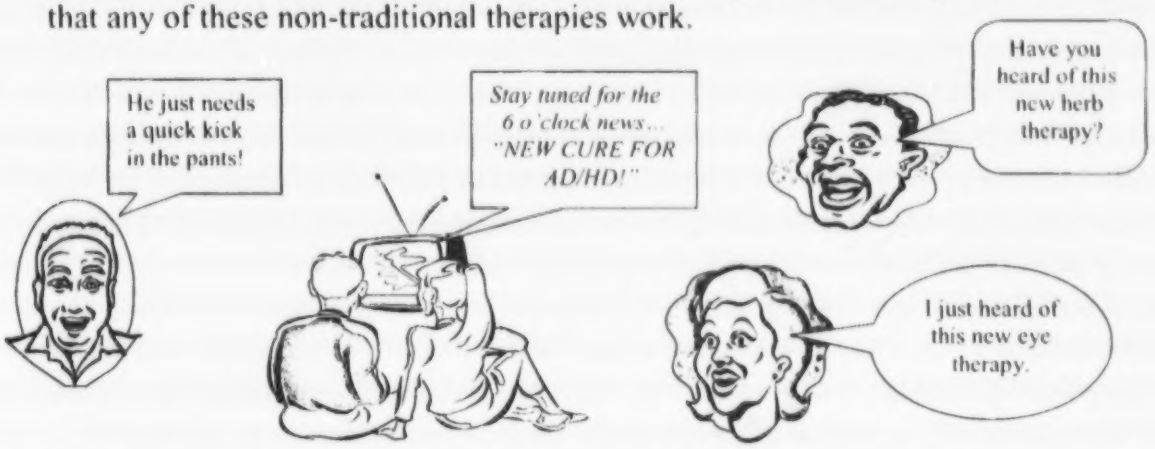
- Headaches and stomach aches
- Some children become dazed, sleepy, and irritable
- Some children's behavior will increase as the medication wears off
- Symptoms of children with tic disorders may become more pronounced
- Some children may have trouble sleeping
- Loss of appetite can be a result
- A small number of children may experience slowed growth rate

If stimulants do not work or your child has other symptoms, your doctor may recommend additional medications.

The main thing to stress is that medication alone will not give your child everything they need. Children with AD/HD must fully understand their disability. It takes everyone working together to give a child with AD/HD an appropriate education. Your child may need to talk to someone such as a psychologist or counselor. Family counseling is also helpful for the entire family.

PARENTAL RESPONSIBILITY

There are always family members, friends, and the media letting parents know of a new therapy that has just come out. I, as a parent, put my child through every therapy out there. What I finally realized is that he didn't need to be fixed. The only thing I am going to say about non-traditional therapies is PLEASE BEWARE! There is currently no scientific proof that any of these non-traditional therapies work.


He just needs a quick kick in the pants!
Stay tuned for the 6 o'clock news... "NEW CURE FOR AD/HD!"
Have you heard of this new herb therapy?
I just heard of this new eye therapy.

Parents, you have a responsibility to follow through with your child's needs at home so there is consistency from school to home. It is also your responsibility to make the situation at school as comfortable for your child as possible. Here are some of the things you can do to achieve this:

-Educate the teacher in the area of your child's disability.

-Make sure your child's IEP is being followed.

-Check to make sure your child is progressing on his/her goals.

-COMMUNICATE! COMMUNICATE! COMMUNICATE!

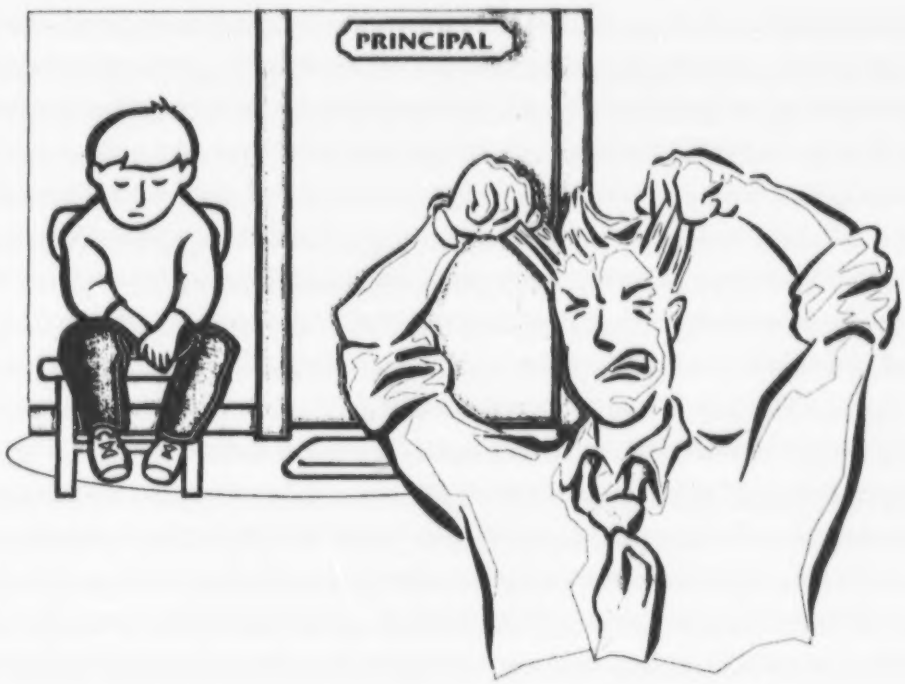
-Make yourself available to the teacher or teachers as much as possible.

-Remember we as parents do not want to enable our children. We want to make them as independent as possible.

Parents have to be equal partners in their child's school experience. If it is impossible to achieve all of these suggestions, do the very best you can. When you run into a bumpy place in the road call a meeting with the school to discuss what is wrong. What are you seeing in your child?

-Grades are falling
-Not wanting to go to school
-Coming home from school frustrated
-Spending 2 to 3 hours on homework at night
-Acts out at school or at home
-Depression, not wanting to leave their room

Any of these behaviors is a sign something is not right at home or at school. Call the school and set up a meeting as soon as possible.



FUNCTIONAL BEHAVIOR ASSESSMENT (FBA)

If your child is having behaviors and you are not sure of the reason for these behaviors, request in writing a Functional Behavior Assessment (FBA). See the next page for a sample letter. A FBA is a process that looks at the student and what is going on within the student's environment. It is not just the ABC (Antecedent, Behavior, Consequence) of the behavior. You have to look at more than what just happened right before the behavior occurred. You have to look at what is happening in the student's entire life situation.

-Are mom and dad not getting along?
-Did the family pet die?
-Has the student broken up with his/her girlfriend/boyfriend?
-Who is sitting beside him/her in first period class where he/she seems to get in trouble the most?
-When did his/her grades start dropping?
-Is the IEP being followed?
-Does there seem to be a pattern forming?

The FBA should look at the student's entire environment including input from the parents. There should be more than one observation done and observations should be done by more than one person. A FBA does not have to be done by a psychologist. Once you have collected all the data the team will try to figure out what is not working for this student. There should always be parent input so the team can gather all the facts about the student's life that may be directly affecting him/her.

Remember our children are not the problem, they have problems. We, as a team, must work together to figure out how we are going to give this student the support he/she needs to get back on track.

REQUESTING A FUNCTIONAL BEHAVIOR ASSESSMENT
THIS SHOULD BE MAILED CERTIFIED

Date you write your letter (include Month, Day and Year)

Your Name
Your Full Address

Full Name of Person to whom you are writing (Principal or Special Education Director)
Person's Title (Principal, Special Education Director)
Name of School
Full Address of School

Dear (use their title [Dr.; Mr.; Mrs.; Ms.] and last name):

My son/daughter, (your child's name), who is currently attending (name of school, grade, teacher), is a child with a disability. He/she is having behavior problems in school and I would like to have a Functional Behavior Assessment done. It is my understanding this assessment will give the IEP team the information we need to set up a Positive Intervention Plan to be incorporated in the IEP.

I would like to have the Functional Behavior Assessment done as soon as possible.

Thank you for your attention to my request, I may be reached at (your daytime phone number). I will expect to hear from you within 5 school days of the receipt of this letter.

Sincerely,

Your Full Name
Your Full Address

INTERVENTION-BASED ASSESSMENT (IBA)

In states that do not use a discrepancy formula there might be an intervention-based assessment in place (IBA). When evaluation is based on intervention the school district should be trained in this procedure. As a parent you have a right to know what kind of training the district received in this type of evaluation process. There are many components that have to be addressed and documented.

1. What intervention was done?
2. In what type of environment did the intervention take place?
3. Did the child improve in the area in which the intervention was done?
4. Has the intervention team looked at all areas of suspected disability?
5. How many observations were done?
6. Who did the observations? (There should be more than one person doing the observation, including someone not familiar with the student.)

Remember you are part of the evaluation team. There should be meetings to address the results of the interventions and your input is vital. There are advantages and disadvantages to the IBA. Take a look at a few examples:

Advantages

* The student gets interventions immediately.

* If the IBA is done correctly the parent is involved with all aspects of the assessment.

* There is a team of people working with the student not just the psychologist.

* The regular education teacher and special education teacher will be having ongoing communication about the student.

Disadvantages

- All problem areas may not be assessed immediately. The team must agree on a place to start.
- The team can only look at one area of need at a time. The student may not receive interventions in all areas of suspected disability immediately.
- Everyone on the team must be able to meet frequently to assess the intervention to determine if it is working.
- The results of the IBA are based on the person doing the intervention and the person doing the observing.
- There is a lot of paper work.
- The IBA takes a lot of school staff time.
- If the dynamics of the team changes it can affect the outcome of the IBA, i.e. teacher goes on sick leave, administration changes, regular education teacher does not like the process.

In most states the parent still has the option to request a traditional multi-disciplinary psychological evaluation (MFE). If you as a parent request an evaluation and give written permission to do the evaluation the school is under a time frame. These time frames differ from state to state. (Ohio's time frame is 90 calendar days from the date the parent gives written permission). Permission can be given by signing the school's permission to test form, or sending a letter requesting an MFE be done and to consider the letter your written permission. (see page 12)

Parents need to make the extra effort to ask questions about the evaluation process and time frames. You cannot be an equal partner if you do not know what is going to happen to your child. In an IBA, the home environment should be included in the data the school is collecting. Remember data is information that is written and makes sense to you.

Whether you request a traditional educational evaluation or an IBA is totally up to you and your school district. If there is a disagreement on the IBA, the

parent can ask for additional traditional testing or for an Independent Educational Evaluation. When there is a disagreement between the school and the parent always request prior written notice. (See example on page 18.) Always ask the question, "Where's the DATA?"

It is very important for parents of children who are identified with AD/HD to get services for their child as early as possible and to make sure that their child does not have a learning disability. The team can consider other health impaired as an eligibility category if there is no learning disability. If the team is in agreement that the student does not qualify for other health impaired, they can consider setting up a section 504 plan for the student.

SIMPLE INTERVENTIONS THAT CAN BE USED BY TEACHERS AND CAN BE WRITTEN INTO THE IEP OR SECTION 504 PLAN

FOLLOWING DIRECTIONS

* Vary verbal style (tone, value, etc)
* Use fewer words
* Use visual examples with a hands-on example
* Increase eye contact
* Provide written and verbal directions

PAYING ATTENTION TO PRINTED AND SPOKEN WORDS

* Use non-verbal signals
* Seat near teacher, not near door or window
* Seat next to well focused students
* Use physical prompting (hand on shoulder)
* Use visual prompting (eye contact)

ORGANIZING

* Highlight text
* Underline, number
* Keep desk clear of clutter
* Use overhead transparencies
* Cover page that is not being read or worked on
* Give explanations in small, distinct steps

* Provide oral backup to written directions with a hands-on example

* Have the student repeat directions back to you (make sure this is done without embarrassment to the student)
* Use buddies, tape recorder
* Shorten the listening time
* Take breaks between each new concept
* Alternate spoken and written tasks
* Look directly at student or have physical contact with them (i.e. place hand on student's shoulder)
* Have an assignment sheet or a book that goes home with the student that is checked by parent and teacher

STAYING ON TASK

* Reduce distractions
* Provide a checklist on the student's desk to follow daily
* Reduce the amount of work down to short sections
* Use short periods of time for work with frequent breaks
* Increase positive reinforcement for time on task (i.e. verbal praise)
* Schedule water breaks

WORKING IN GROUPS

* Provide them with a partner who is organized
* Place in a group of students who are well focused
* Provide structure by breaking down instructions into small steps

WORKING ALONE

* Let the student know exactly what you expect from them
* Provide different ways for the student to provide information (i.e. orally, draw a picture, make a model)
* Check on the student frequently with praise
* Provide a checklist that breaks the assignment down into small easy steps with a time frame

REMEMBERING

* Make sure the student does not feel threatened by you or other students

* Let the student move
* Make sure the student is getting plenty of water
* Teach memory strategies (music, rhyme, or association techniques)
* Repeat information numerous times in different ways

READING AND COMPREHENDING

* Books on tape
* Oral reading in small groups at the same reading level
* Use a reading marker or cover up
* Color code vocabulary definitions and important facts
* Enlarge pages
* Underline or circle important facts
* Allow extra time for reading
* Give tests orally

WRITING ASSIGNMENTS

* Give test orally
* Have a scribe for long written assignments
* Have book reports done as a presentation
* Use a keyboard instead of hand written

Most AD/HD students struggle in the area of writing. If this area is extremely difficult for your child, you should have an occupational therapist evaluate this area. This can be requested when you are requesting an initial evaluation. Many students benefit from occupational therapy in the fine motor areas. If you want this area checked, you will have to request it specifically.

At this point you may be overwhelmed about what needs to be done for your child. Just remember to always have high expectations for your child. There will be rocky roads ahead but what is more important than our children!

(If you need additional support call OCECD at 1-800-374-2806)

An AD/HD Child's Bill of Rights

(Author Unknown)

Help me focus

Please teach me through my sense of "touch." I need "hands-on" and body movements.

I need to know what comes next

Please give me a structured environment where there is a dependable routine. Give me an advanced warning if there will be changes.

Wait for me, I'm still thinking

Please allow me to go at my own pace. If I rush, I get confused and upset.

I'm stuck, I can't do it!

Please offer me options for problem-solving. I need to know the detours when the road is blocked.

Is it right? I need to know NOW!

Please give me rich and immediate feedback on how I'm doing.

I didn't know I WASN'T in my seat!

Please remind me to stop, think and act.

I didn't forget, I didn't "hear" it in the first place.

Please give me directions one step at a time and ask me to say back what I think you said.

Am I almost done now?

Please give me short work periods with short-term goals.

What?

Please don't say, "I already told you that." Tell me again in different words. Give me a signal. Draw me a symbol.

I know, it's all wrong, isn't it?

Please give me praise for partial success. Reward me for self-improvement, not just for perfection.

But why do I always get yelled at?

Please catch me doing something right and praise me for my specific positive behavior. Remind me (and yourself) about my good points, when I'm having a bad day.

REFERENCES

Bragdon, Allen, and Gamon, David. 2000. Brains that Work a Little Bit Differently The Brainwaves Center. Cape Cod & San Francisco.

Caine, Renate Nummela, and Caine, Geoffrey. 1997. Unleashing the Power of Perceptual Change: The Potential of Brain-Based Teaching. Association For Supervision and Curriculum Development. Alexandria, VA.

Castells, Manuel, *et al.* 1999. Critical Education in the New Information Age. Rowman & Littlefield Publishers, New York, New York.

Darnell, Bob. 2000. Accelerate Learning by Teaching Learning-to-Learn Strategies and Skills. [audiocassette]. Association for Supervision and Curriculum Development. Alexandria, VA.

Dennison, Paul E., and Dennison, Gail E. 1989. Brain Gym. Edu-Kinesthetic, Inc. Ventura, California.

Dennison, Paul E., and Dennison, Gail E. 1999. Edu-K for Kids. Edu-Kinesthetics, Inc. Ventura, California.

Frender, Gloria. 1990. Learning to Learn: Strengthening Study Skills and Brain Power. Incentive Publications, Inc. Nashville, Tennessee.

Furr, David. 2000. Reading Clinic: Brain Research Applied to Reading. Truman House Publishing. Chicago, Illinois.

Gardner, Howard. 1993. Multiple Intelligences: Theory in Practice. Basic Books. New York.

How Brain Research Informs Assessment Practices. 2000. Teaching and Learning Conference 1999. [audio-cassette]. Association for Supervision and Curriculum Development. Alexandia, Va.

Jensen, Eric. 1998. Teaching with the Brain in Mind. Association for Supervision And Curriculum Development. Alexandria, VA.

Linking The General Curriculum to the IEP. 1999. [Video recording]. National Association of State Directors of Special Education. Alexandria, VA.

National Research Council, et al. 2000. How People Learn: Brain, Mind, Experience, And School. National Academy Press. Washington, D.C.

Ohio Coalition for the Education of Children with Disabilities 2001. How to Write an IEP. OCECD. Marion, OH.

Ohio Coalition for the Education of Children with Disabilities 2001. Parents' Guide to MFE's. OCECD. Marion, OH.

Ohio Coalition for the Education of Children with Disabilities 2001. Students With Disabilities & The General Education Curriculum. OCECD. Marion, OH.

Tomlinson, Carol Ann. 1999. The Differentiated Classroom: Responding to Needs of All Learners. Association for Supervision and Curriculum Development. Alexandria, VA.

Winebrenner, Susan. 1996. Teaching Kids with Learning Difficulties in the Regular Classroom: Strategies and Techniques Every Teacher Can Use to Challenge And Motivate Struggling Students. Free Spirit Publications. Minneapolis, MN.

Materials on AD/HD for Families

Fowler, M. (1993). *Maybe you know my kid: A parent's guide to identifying, understanding, and helping your child with ADHD* (2nd ed.). New York: Birch Lane Press. (Available from Birch Lane Press, 120 Enterprise Avenue, Secaucus, NJ 07094. Telephone: 1-800-447-2665.)

Goldstein, S., & Goldstein, M. (1993). *Hyperactivity --Why won't my child pay attention? A complete guide to ADD for parents, teachers, and community agencies.* New York: Wiley. (Available from Wiley, Eastern Distribution Center, 1 Wiley Drive, Somerset, NJ 08875-1272. Telephone: 1-800-225-5945.)

Hallowell, E.M., & Ratey, J. (1994). *Driven to distraction.* New York: Pantheon Books. (Available from Random House, 400 Hahn Road, Westminster, MD 21157. Telephone: 1-800-733-3000.)

Latham, P.S., & Latham, P.H. (1992). *Attention deficit disorder and the law: A guide for advocates.* Washington, DC: JKL Communications. (Available from JKL Communications, P.O. Box 40157, Washington, DC 20016. Telephone: (202) 223-5097.)

Moss, D. (1989). *Shelly the hyperactive turtle.* Rockville, MD: Woodbine House. (Intended for children aged 4-8. Available from Woodbine House, 6510 Bells Mill Road, Bethesda, MD 20817. Telephone: 1-800-843-7323; (301) 897-3570.)

Wodrich, D.L. (1994). *Attention deficit hyperactivity disorder: What every parent wants to know.* Baltimore, MD: Paul H. Brookes. (Available from Paul H. Brookes Publishing Company, P.O. Box 10624, Baltimore, MD 21285-0624. Telephone: 1-800-638-3775.)

Materials on AD/HD for Schools and Practitioners

ADHD Report. Newsletter published six times a year for practitioners, educators, and researchers. Provides up-to-date information on clinical practices involving individuals with ADHD. (Available from Guilford Press, 72 Spring Street, New York, NY 10012. Telephone: 1-800-365-7006.)

Barkley, R. (1990). *Attention deficit hyperactivity disorder, a handbook for diagnosis and treatment.* New York: Guilford Press. (Available from Guilford Press, 72 Spring Street, New York, NY 10012. Telephone: 1-800-365-7006.)

DuPaul, G. J., & Stoner, G. (1994). *ADHD in the schools: Assessment and intervention strategies.* New York: Guilford. (Available from Guilford Press, 72 Spring Street, New York, NY 10012. Telephone: 1-800-365-7006.)

Fowler, M. (1992). *CH.A.D.D. educators manual: An in-depth look at attention deficit disorders from an educational perspective.* Plantation, FL: CH.A.D.D. (Available from Caset Associates, 3927 Old Lee Highway, Fairfax, VA 22030. Telephone: 1-800-545-5583.)

Goldstein, M., & Goldstein, S. (1990). *Managing attention disorders in children: A guide for practitioners.* New York: Wiley Interscience Press. (Available from Wiley, Eastern Distribution Center, 1 Wiley Drive, Somerset, NJ 08875-1272. Telephone: 1-800-225-5945.)

Parker, H.C. (1992). *The ADD hyperactivity handbook for schools: Effective strategies for identifying and treating ADD students in elementary and secondary schools.* Plantation, FL: Impact. (Available from the A.D.D. Warehouse, 300 NW 70th Avenue, Plantation, FL 33317. Telephone: 1-800-233-9273.)

Selected Materials on Behavior Management

Kendall, P.C., & Braswell, L. (1993). *Cognitive-behavioral therapy for impulsive children* (2nd ed.). New York: Guilford. (Available from Guilford Press, 72 Spring Street, New York, NY 10012. Telephone: 1-800-365-7006.)

Kδpper, L. (Ed.). (1994). A bibliography of materials on behavior management in the schools. *NICHCY Bibliography,* 1-8. (Available from NICHCY, P.O. Box 1492, Washington, DC 20013. Telephone: 1-800-695-0285.)

Martin, G. (1991) *Behavior modification: What it is and how to do it* (4th ed.). Englewood Cliffs, NJ: Prentice Hall. (Available from Allyn and Bacon, Order Processing Center, P.O. Box 11071, Des Moines, IA 50336-1071. Telephone: 1-800-947-7700.)

Smith, M.D. (1993). *Behavior modification for exceptional children and youth.* Stoneham, MA: Andover Medical Publishers. (Available from Butterworth-Heinemann, 225 Wildwood Avenue, Unit B, Woburn, MA 01801. Telephone: 1-800-366-2665.)

Selected Materials on Special Education

Anderson, W., Chitwood, S., & Hayden, D. (1990). *Negotiating the special education maze: A guide for parents and teacher* (2nd ed.). Rockville, MD: Woodbine House. (Available from Woodbine House, 6510 Bells Mill Road, Bethesda, MD 20817. Telephone: 1-800-843-7323; (301) 897-3570.)

Cutler, B.C. (1993). *You, your child, and "special" education: A guide to making the system work:* Baltimore, MD: Paul H. Brookes. (Available from Paul H. Brookes Publishing Company, P.O. Box 10624, Baltimore, MD 21285-0624. Telephone: 1-800-638-3775.)

Des Jardins, C. (1993). *How to get services by being assertive.* Chicago, IL: Family Resource Center on Disabilities, 20 East Jackson Boulevard, Room 300, Chicago, IL 60604. Telephone: (312) 939-3513.)

Ferguson, S., & Ripley, S. (1991). Special education and related services: Communicating through letter writing. *A Parent's Guide, II* (1), 1-20. (Available from NICHCY, P.O. Box 1492, Washington, DC 20013. Telephone: 1-800-695-0285 [V/TT].)

ORGANIZATIONS

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CH.A.D.D.), 8181 Professional Place, Suite 201, Landover, MD 20785. Telephone: (301) 306-7070 or (800) 233-4050. E-mail: national@chadd.org. Web: www.chadd.org

International Council for Exceptional Children, 1920 Association Drive, Reston, VA 22091. Telephone: (703) 620-3660.

Learning Disabilities Association, 4156 Library Rd., Pittsburgh, PA 15234. Telephone: (412) 341-1515.

National Attention Deficit Disorder Association (ADDA), 1788 Second Street, Suite 200, Highland Park, IL 60035 (847) 432-2332. E-mail: mail@add.org. Web: www.add.org.

National Center on Learning Disabilities, 381 Park Ave. S., Ste. 1401, New York, NY 10016. Telephone: (888) 575-7373 ext. 220.

Office of Civil Rights (OCR): Responsible for overseeing compliance with Section 504 of the Rehabilitation Act of 1973. There are 10 regional offices of OCR. To locate the one serving your area, call 1-800-421-3481.

OHIO COALITION FOR THE EDUCATION OF CHILDREN WITH DISABILITIES
165 WEST CENTER STREET, SUITE 302
MARION, OHIO 43302
1-800-374-2806

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